



MO HealthNet Vendor Specialization Plan

Family Support Division
2012

Background

MO HealthNet coverage provided for people living in skilled nursing facilities, also known as “Vendor coverage,” is unique in several ways:

- MO HealthNet payments to skilled nursing facilities and home and community-based (HCB) services constitute one-fourth of all Medicaid dollars spent in Missouri.ⁱ
- MO HealthNet is vital to the long-term care industry: Roughly 54% of Missourians living in nursing homes receive Medicaid.ⁱⁱ
- Eligibility determinations for MO HealthNet Vendor coverage include processes that are singularly unique in order to prevent spousal impoverishment. These include the Division of Assets, spousal allotments, transfer of property penalties, as well as medical certification by DHSS.
- Since long-term care is so costly, the Vendor program attracts applicants who may not otherwise have applied for public assistance. These applicants often have larger, more complicated estates that require closer attention and scrutiny.
- Due to these factors, it is essential that policy is interpreted and implemented consistently. This goal is much more attainable under a streamlined, specialized model.

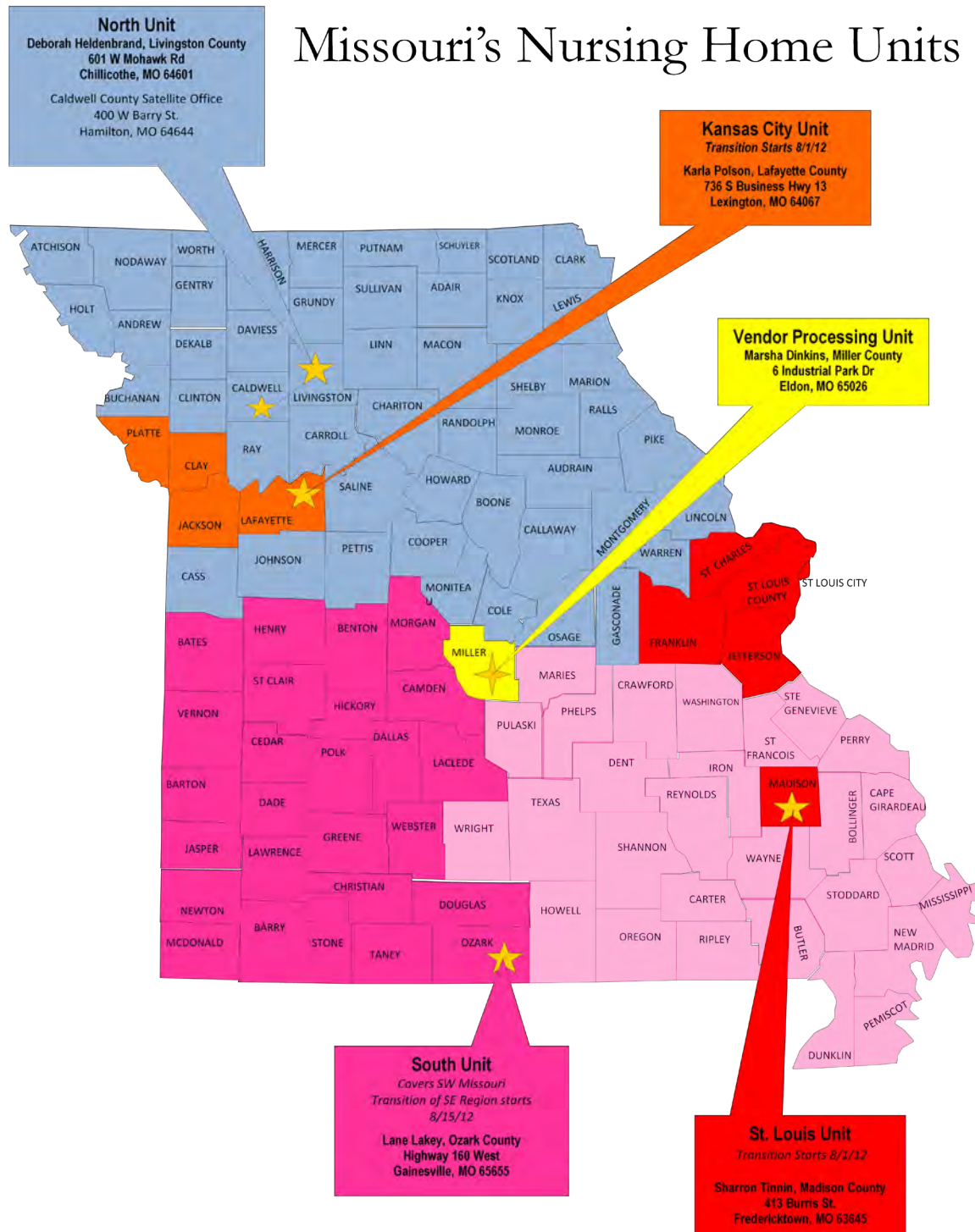
It is vitally important that we maintain a first-class Vendor eligibility team throughout our reorganization efforts, and in the face of the ongoing changes that affect our agency.

The Goals

- Improve outcomes for applicants, recipients, and long-term care providers.
- Minimize litigation by achieving the highest levels of accuracy and consistency.
- Improve processing timeliness.
- Maintain effective communication with long-term care providers.

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Missouri's Nursing Home Units



The Initiative

- **Specialization:** all Vendor eligibility determinations will be made by ES staff trained chiefly for this program in five locations throughout the state: Livingston, Ozark, Lafayette, Madison, and Miller Counties.
- **Quality Control:** Creating specialized offices will help us maintain consistent application of policy, and strengthen communication between State Office Program and Policy and field Vendor offices. It will also move Vendor cases to locations where there has been less staff turnover in the past, thus preserving the skills and institutional memory in which we have invested.
- **Prioritization:** More complicated cases, for example, those including trusts, annuities, legal counsel, and elaborate transfers of property or divisions, will be processed in an office dedicated to cases of this kind: the Miller County Vendor Processing Unit.
- **Communication:** Develop a consistent method of communication for each regional Vendor office that will allow them to provide long-term care providers with the timely and accurate information they need.
- **Training:** Vendor staff will receive not only initial training, but ongoing specialized training, allowing them to identify legal concerns that may develop, and sharpen their skills through refresher courses that are competency-based.
- **Research:** Quantitative and qualitative measurements of quality and efficiency will be used to monitor the effectiveness of this initiative in meeting its goals. Ongoing research in uses of technology will continually improve services and maximize our resources in the field.
- **The Future:** The number of individuals in need of long-term care grows every year, and is likely to grow even faster in coming years. The Family Support Division needs to prepare now in order to meet its future obligations to this growing population.

Measurements of Success

A successful state-wide Vendor team will demonstrate stellar results in both qualitative and quantitative areas:

I. The Customer Experience

Our customers want timely and accurate delivery of benefits. They want to know that their case is being handled by professionals in a fair, efficient, and accountable manner.

Monitoring:

- Satisfaction surveys,
- Tracking of contacts from concerned customers,
- Tracking phone call volume,
- Monitoring application currency through the Managed Reporting system,
- Monitoring benefits accuracy through the Case Review System and hearing outcomes.

II. Provider Satisfaction

Providers want timely and accurate delivery of benefits, which is of upmost importance to nursing homes, many of which rely on Medicaid dollars to continue operating.

Monitoring:

- Sharing information with nursing homes to monitor outstanding balances for residents with pending MO HealthNet applications
- Monitoring application currency through the Managed Reporting system
- Monitoring benefits accuracy through the Case Review System and hearing outcomes.

III. Personnel

The backbone of FSD is our staff. A strong Vendor team will be well-trained, efficient, productive, and happy.

Monitoring:

- Tracking staff turnover rates
- Providing staff with ongoing training
- Establishing clear and consistent lines of communication, from Central Office to the front line.
- Establishing clear expectations of Vendor Unit staff

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Measurements of Success

IV. Data Specialization

Vendor specialization will allow us to gather data specific to Vendor cases in a variety of new ways. Before specialization, most Vendor-specific data was included with other MO HealthNet programs. Since there will now be units dedicated to Vendor cases, the data that they produce will shed light on strengths and areas of improvement that may not have been discoverable before.

Timeline

The Vendor Specialization process will begin June 1, 2012 and will continue in planned phases until completed:

- 6/1/12: VPU begins processing special applications from the North Vendor Unit.
- 7/1/12: VPU begins processing special applications from the South Vendor Unit.
- 8/1/12: VPU begins processing all special applications.
- 8/1/12: Phase 1 activation of the Kansas City and St. Louis Vendor Units.
- 8/15/12: Phase 1 transfer of cases in the Southeast region to the South Vendor Unit beginsⁱⁱⁱ.
- 9/1/12: VPU begins processing Divisions of Assets when no application exists.
- 9/1/12: Phase 2 activation of the Kansas City and St. Louis Vendor Units.
- 10/1/12: Phase 3 activation of the Kansas City and St. Louis Vendor Units^{iv}.

Home and Community-Based Waiver Services (HCB)

Once the Vendor transition is successfully implemented, attention will turn to the improvement and possible specialization of the HCB program, which uses similar eligibility guidelines for MO HealthNet participants seeking in-home nursing care.

Goals

- Improve the referral process for HCB services.
 - Conduct a comprehensive review of current HCB referral processes to ensure accurate and consistent application of policy
 - Develop uniform best practices for the entire state.
- Maximize utilization of the HCB program throughout the state to reduce regional disparities in usage.

Early emphasis will be placed on researching regional disparities in the size of the HCB population and improving referral processing times.

ⁱ *State Medicaid Fact Sheets: Missouri & United States*, KAISER FAMILY FOUNDATION, <http://www.statehealthfacts.org/mfs.jsp?rgn=27&rgn=1> (last visited May 30, 2012).

ⁱⁱ According to the U.S. Census Bureau, there were 37,510 Missourians living in nursing homes in 2008, and raw data from the FAMIS Data Warehouse shows 20,500 Missourians receiving MO HealthNet vendor coverage as of 3/31/12. <http://www.census.gov/compendia/statab/2011/tables/11s0190.pdf>. Nationwide, over half of those receiving long-term care over 100 days receive Medicaid. KAISER COMMISSION ON MEDICAID AND THE UNINSURED, KAISER FAMILY FOUNDATION, *MEDICAID AND LONG-TERM CARE SERVICES AND SUPPORTS 1* (2010), available at http://www.kff.org/medicaid/upload/2186_06.pdf (last visited May 30, 2012). Moreover, nationwide, 80% of those needing long-term care more than three years receive Medicaid. This data is compiled from the 2004 National Nursing Home Survey (http://www.cdc.gov/nchs/nnhs/resident_tables.htm) for nursing home residents and the 2005 & 2006 Medical Expenditure Panel Survey for HCB recipients (<http://meps.ahrq.gov/mepsweb/>) (last visited May 30, 2012). See also H. Stephen Kaye, Charlene Harrington & Mitchell P. LaPlante, *Long-Term Care: Who Gets It, Who Provides It, Who Pays, and How Much?*, 29 HEALTH AFFAIRS 11, 17 (2010).

ⁱⁱⁱ The final transfer of additional cases to the South Unit is dependent on the availability of staffing.

^{iv} The process of transferring cases from the Kansas City region to Lafayette County, and from the St. Louis region to Madison County will continue at monthly increments until completed. This could take a year or more depending on staffing availability and the number of cases in each region.